Positive Psychology Constructs: Development and Measurement

By

Sudha. R

20PHCPP001

Supervisor

Dr. S. Gayatridevi

Professor and Head

Department of Psychology

Synopsis Submitted to

Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore - 641 043

In Partial Fulfillment of the requirements for the Degree of

Doctor of Philosophy in Counselling Psychology

November 2023

Positive Psychology Constructs: Development and Measurement

Synopsis

Introduction

Positivity in life is an important perpetuator of well being. The expression and experience of positivity can be different for different individuals. For some, it is the experience of hope, happiness, and contentment, and many other such positive emotions, while for others, it can be directed towards others as compassion, altruism, kindness, and spreading cheer. Positivity, when directed towards oneself or others, or even towards one's actions or environment, is the best cement to hold together one's feeling of wellness and flourishing. Psychology as a subject has for a very long time concentrated on abnormality and its management. But there has been a recent surge in the study of positivity. The study of how people flourish in the face of difficulty is known as positive psychology (Seligman & Csikszentmihalyi, 2000). The roots of positive psychology can be traced to the development of the humanistic approach to psychology. Abraham Maslow coined the phrase "Positive Psychology" and first used it in his 1954 book "Motivation and Personality". The last chapter of this book, titled "Towards a Positive Psychology," describes how psychology and psychologists have so far underestimated human potential and focused more on certain negative or pessimistic constructs.

Martin Seligman's development of positive psychology as a sub field of psychology in the late 1990s paved the way for the creation of a discipline that focuses on human well being and the circumstances, traits, and qualities that promote success and flourishing. Positive psychology has been defined as "the scientific study of positive experiences and positive individual traits and the institutions that facilitate their development" (Duckworth, Seligman & Steen, 2005). Seligman chose to concentrate on the central idea of positive psychology, which led to his election as the American Psychological Association's president in 1996. In the late 1990s, rapid development took place in the field of positive psychology. In 1999, the inaugural Positive Psychology Summit was held. In 2002, there was the first ever international conference on positive psychology (Compton, 2005). The general public started paying more attention in 2006, when Tal Ben-Shahar's Positive Psychology course at Harvard University started to get a lot of attention (Goldberg, 2006). The First World Congress on Positive Psychology was held in June 2009 (Pileggi, 2009).

An attempt to understand and measure happiness, well being, and flourishing led Seligman to facilitate the PERMA model (Seligman, 2012). PERMA is an acronym, where "P" symbolizes Positive emotions, "E" represents Engagement, "R" denotes Relationships, "M" implies Meaning or purpose in life, and "A" emphasizes Accomplishment. The PERMA model attempts to explain the key components of happiness and how to achieve them. The PERMA model is the foundation for positive psychology, and the building blocks of an individual's happiness and well being. The PERMA model is an attempt to understand and measure happiness, well being and flourishing (Seligman, 2012). This model, according to Seligman, is the true conceptualization of positive psychology.

All the theories of positive psychology mention certain constructs that are protective and help building a strong positive sense of well being within the individual that helps the person cope with life stressors and overcome all ill effects of negative events that happen in the surrounding environment. The COVID 19 pandemic posed a great challenge to all mental health theories that had been put so far. The social isolation, fear, loneliness and other negative effects of the pandemic caused havoc to mankind world over. There was resurgence in the emphasis given to health, and also the combined effects of physical and mental health creating immunity during the pandemic. Those who were infected, those who were caretakers, those who lost their near and dear ones, those who lost their livelihoods, all suffered during the pandemic. Several stories of brotherhood, kindness and altruism during the pandemic emerged; forging that humanity can together defeat any pandemic.

Certain questions emerged during the process of recovering from the pandemic. Are the theories of positive psychology enough to explain the flourishing during trauma? Will there be any change in the importance that human beings give to the positive psychology constructs so far researched? What are those positive psychology constructs that will help an individual overcome the trauma related to the pandemic? Are positive emotions, engagement, relationships, meaning and accomplishments enough at this point of time? What are the needs of the individual going through duress?

The above questions brought the researcher to initiate this study into some new constructs that are emerging and considered important during the present scenario. Positive psychology constructs such as compassion emerged as big factors in the view of the present pandemic and post pandemic scenario. A recent large scale study conducted on 4057 participants from 21 countries (Matos et al., 2022) reported that the threat of the pandemic

caused increased levels of depression, stress and anxiety. Also, a low feeling of social safeness was perceived during the pandemic. This study also reported that there is a protective role played by compassion and self compassion. Having high levels of compassion and self compassion meant lower levels of stress, anxiety and even depression. This also led to higher levels of social safeness, higher hope and resilience in all the 21 countries that were studied. Many such studies (Galea, 2020; Learning Briefs, n.d.; Li, Wu & Wu, 2022; Hatun & Kurtça, 2022) fortify the need to study more positive psychology constructs other than those given in the authentic happiness theory or the well being theory.

Need for the study

Early research in psychology followed only a preventive paradigm. Studies focused on reducing abnormalities in individuals rather than promoting positive aspects. Positive psychology as a branch of psychology was founded by Martin Seligman and colleagues with the objective of promoting positive concepts and developing flourishing and hence, building well being. As a result, many positive psychology assessments and interventions mushroomed, most of them focusing on assessing developing optimism, hope or happiness, empathy, strength etc. Sin and Lyubomirsky (2009) defined positive psychology interventions, as "a psychological intervention that primarily focuses on raising positive feelings, positive thoughts, and positive behaviour". According to Sin and Lyubomirsky, all the positive psychology interventions focus on improving happiness through positive thoughts and emotions and also sustaining these effects for the long term. Parks and Schueller (2014) identified seven types of Positive Psychology Interventions namely focused on savouring, gratitude, kindness, empathy, optimism, strength building and meaning.

The present research aims to develop a comprehensive need based positive psychology assessment scale and a positive psychology based intervention module. The intervention was developed after a need survey undertaken with a sample of 2780 adults representative of the population for which the assessment and intervention is aimed at. The survey asked participants to rate the positive psychology construct important for their well being during the pandemic. Twenty six positive psychology constructs were given for rating. The twenty six constructs were generated through an item pool after an initial online interview with 150 adults. The survey results identified that four main constructs of positive psychology (compassion and self compassion, achievement of purpose in life, relationship building and enhancing positive emotions) are the most needed in the COVID and Post

COVID scenario. The rationale for this study is that this assessment inventory and intervention with the acronym, C.A.R.E. (where “C” symbolizes compassion and self compassion, “A” signifies achievement of purpose in life, “R” stands for relationship building, and “E”, implies enhancing positive emotions) is a one stop solution to assess and cultivate all these positive psychology constructs in a brief period of one month and start the journey towards well being. Moreover, the survey also suggested that many facets of the population required a simple, easy to use intervention to care for their mental health and well being. Hence, it was decided by the scholar to embark upon this research study.

Review of literature

The review of available literature in the field of positive psychology aimed to gain a comprehensive understanding of the problem under investigation. The goal was to locate, review, and synthesize pertinent papers, theories, and concepts that relate to positive psychology in order to guide the ongoing study. PubMed, Science Direct, PsycINFO, SCOPUS and Google Scholar were just a few of the academic databases that were used to look for pertinent publications that had been published in peer reviewed journals. "Positive psychology," "well being," "happiness," "positive emotions," "positive interventions," and "positive psychology interventions" were among the keywords and search terms used. A significant number of publications were found via the search, and these were subsequently assessed for their applicability to the study issue. The review only considered studies that addressed the issue at hand directly or offered significant positive psychology insights. To guarantee a thorough review, important studies, foundational works, and meta analyses were also taken into account.

Positive psychotherapy was found to have significant efficacy in reducing depression in patients diagnosed with clinical depression. In a study researcher found that positive psychotherapy increased engagement, meaning in life and many other positive emotions, thus relieved the symptoms of depression for at least six months compared to other interventions using placebo control (Seligman, Rashid & Parks, 2006). Self Compassion was an effective factor in lowering the fear of COVID, lowering the intolerance to uncertainty in the pandemic situation, and consequently improving the well being of the 667 Turkish participants (Deniz, 2021). The study examined the mediating effect of Self Compassion on the fear of COVID, the intolerance of uncertainty, and the well being of an individual. Satici et al. (2020) reported similar findings, stating that psychological therapies are required to alleviate the suffering brought on by the pandemic and that anxiety of the COVID situation reduces well

being. During the pandemic in China, Li et al. (2021) looked into the connection between life satisfaction and self compassion among self quarantined residents. They found that while life satisfaction and self compassion were positively correlated, the relationship was only partially mediated by positive coping in men but not in women. According to Jansen's (2021) research on semi professional football players, lack of self compassion predicted depressed mood, while fear of the future predicted repetitious thinking. In their study of the COVID pandemic's effects on 10,368 respondents in the US, Fitzpatrick et al. (2020) found that the socially susceptible group exhibited symptoms of worry, tension, anxiety and sadness. During the first peak of the COVID outbreak in Hong Kong, Lau et al. (2020) carried out a cross sectional survey. According to the authors, self compassion had a calming influence on the negative mental health problems that developed as a result of the infection.

An interesting narrative on peer led positive psychology intervention revealed that the effect of peer led interventions show more promising positive psychology contributions than conventional therapist led interventions as they are more practical and reach the target easily (Neuhaus et al., 2022). In another meta analytic review by Pan et al. (2022), 11 interventions were studied. It was reported that all the studies were found effective in reducing depressive symptoms among adults.

All the above reviewed studies were either stand alone or meta analytic reviews on positive psychology interventions and their effect in increasing positive affect, at the same time reducing symptoms of depression or anxiety or any other psychopathological factor. Most of the studies focused on an intervention of one construct and tried to identify the effect of this one construct, say, gratitude on other positive psychology constructs. A significant lacuna was found in a comprehensive positive psychology intervention that gives a set of activities that improves many constructs of positive psychology at the same time. The present study is an effort to develop and validate one such inventory and an associated integrative intervention module to promote development of some positive psychology constructs essential for humanity especially during and in the aftermath of a pandemic that has uprooted many conventional norms in psychology.

Method

Using the framework of PERMA given by Seligman as the foundation, it was attempted by the researcher to ideally construct and validate a psychological tool to quantify positive psychological constructs from the Indian viewpoint. For this purpose, an initial

survey was conducted with 2780 adults to help identify the positive psychology constructs meaningful to the present scenario. The participants were asked to rate 26 positive psychology constructs such as optimism, hope, compassion, self compassion, accomplishment, humour, courage, zest, savouring, gratitude, achievement of a purpose in life, happiness, relationship building and many more. The participants gave the maximum rating for four main positive psychology constructs based on which the acronym C. A. R. E. was devised where

C: stands for Compassion and Self Compassion

A: stands for Achieving a Purpose in Life

R: stands for Relationship Building

E: stands for Enhancing Positive Emotions

Objectives

The research objectives for this study are to develop and validate the C. A. R. E. Inventory; and to develop and validate the C. A. R. E. Intervention Module.

Hypotheses

The research hypotheses for the study are as follows

- The model developed has sufficient model fit indices indicating goodness of fit
- The C. A. R. E. inventory has sufficient construct reliability and test-retest reliability
- The C. A. R. E. inventory has sufficient content, convergent, discriminant and concurrent validity
- The C. A. R. E. intervention module is validated by randomized control trials

Tools Used

The following standardized psychological tools are used through the assessment and intervention

- Self compassion scale (Raes et al., 2011)
- Brief resilience scale (Smith et al., 2008)
- Life orientation scale revised consisting of 10 items. (Scheier, Carver & Bridges, 2004).
- The adult trait hope scale (Snyder et al., 1991)
- The pain catastrophizing scale (PCS) (Sullivan, 1995)
- WHO well being scale (WHO-5, 1998)

- The subjective happiness scale (Lyubomirsky, 1999
- The Holmes-Rahe stress inventory (Holmes & Rahe, 1967)
- The form of self criticizing/attacking and self reassuring scale (FSCRS) (Gilbert et al., 2004)
- Beck's anxiety inventory (Beck et al., 1988)
- The Beck's depression inventory (Beck et al., 1996a)
- The UCLA loneliness scale (Russell, 1996).

The tools to be validated are

- The C. A. R. E. inventory
- The C. A. R. E. intervention module

The following steps are followed in developing the C. A. R. E. inventory

- Item Generation
- Content Validity from Stakeholders and Experts
- Normality Testing
- Inter correlations
- Exploratory Factor Analysis
- Confirmatory Factor Analysis

Item Generation

The next step of the tool construction was item generation. C. A. R. E. inventory Version 1 was created with 80 items (20 for each construct). Further Versions 2, 3, 4, 5 and 6 were created with consultation from subject experts and stakeholders. Further language correction was done by two professors from the Department of English of the Avinashilingam Institute for Home Science and Higher Education for Women. This version was also sent to Professor Martin Seligman explaining the further steps involved in validation. This version of the inventory had 40 items measuring the 4 positive psychology constructs with answers in Likert-type response scale of, "Always, Often, Sometimes, Rarely, Never". Scoring of 0 to 4 is given for the items according to responses. Always gets a score of 4 and so on. Twelve items had reverse language and hence reverse scoring. On Seligman's approval to go ahead, the Version 7 consisting of 40 items (10 items for each of the 4 constructs identified) was subjected to Content Validity.

Twelve subject experts from all over India and 25 stakeholders (adults chosen randomly) were given the C. A. R. E. inventory to be validated. The Content Validity Ratio (CVR) was computed using the formula given below

Content Validity Ratio CVR = (Ne – N/2) /(N/2)

Where Ne = Number of raters with ratings of 3 (Relevant item) and 4 (Highly Relevant Item)

N = Total Number of Raters

Using the above formula CVR* for subject experts was 0.95**, and CVR* for stakeholders was 0.88** (**Acceptable value for CVR is 0.99 for 5 raters, 0.85 for 8 raters, and 0.62 for 10 raters) (**Polit, Beck & Owen, 2007).

Ethical Approval

At the same time, ethical approval for the study was sought from the Institutional Human Ethics Committee of Avinashilingam Institute for Home Science and Higher Education for Women. The approval was granted vide AUW/IHEC/PSY-21-22/FHP-20.

Pilot Study

A Pilot Study was conducted with a sample of 208 adults chosen through simple random sampling. The C. A. R. E. inventory was administered to the participants. Data was collected and analyzed using the SPSS Software Version 21 and the AMOS Graphics Version 22. It was decided to go for the final data collection.

Sample for the final study

The sample for the final study consisted of 1000 adults selected randomly, all from 10, tier 2 cities (according to the classification of Indian cities given by the Indian government to allot house rent allowance to its employees and provide tax exemptions).

Inclusion criteria

- Participants willing to involve themselves were only included
- All participants who could read and understand basic English were included
- For the intervention, only participants who had recovered from COVID infection and could produce a proof of their medical health were included to avoid any risk to their health due to participation

Exclusion criteria

- Participants who had issues travelling and wanted to relocate were allowed to leave the study
- Participants who contacted COVID during the course of the intervention were excluded

The data was collected and analyzed.

Results and Discussion

Data for the final study was collected in hybrid mode (Both virtual and offline assessment was used) from 1000 adults chosen through simple random sampling. Eight hundred and sixty two responses were valid and were analysed using SPSS software version 21 and the AMOS graphics Version 22. There were omissions missing data from the other 132 responses and hence were left out in the data analysis. The following are the results of the study.

The C. A. R. E. inventory version 1 was created with 80 items (20 for each construct). Further Versions 2, 3, 4, 5 and 6 were created with consultation from subject experts and stakeholders. Further language correction was done by two professors from the Department of English of the Avinashilingam Institute for Home Science and Higher Education for Women. This version was also sent to Professor Martin Seligman explaining the further steps involved in validation. This version of the inventory had 40 items measuring the 4 positive psychology constructs with answers in Likert-type response scale of, "Always, Often, Sometimes, Rarely, Never". Scoring of 0 to 4 is given for the items according to responses. Always gets a score of 4 and so on. Twelve items had reverse language and hence reverse scoring. On Seligman's approval to go ahead, the Version 7 consisting of 40 items (10 items for each of the 4 constructs identified) was subjected to Content Validity. Following content validity by 12 subject experts and 25 stakeholders, all 40 items of the instrument were subjected to an exploratory factor analysis with varimax rotation. The Kaiser-Meyer-Olkin measure verified the sampling adequacy for the analysis (KMO = 0.94). Bartlett's Test of Sphericity Chi-Square (780) = 30096.96, $p < 0.001$, indicating that correlation structure is adequate for factor analyses (Field, 2009). The maximum likelihood factor analysis with a cut off point of 0.40 and the Kaiser's criterion of Eigen values greater than 1 yielded a 4 factor solution as the best fit for the data, accounting for 69.70% of the cumulative variance.

This was followed by a confirmatory factor analysis for a final sample of 862 adults. CFA models reveal that the 36 items C.A.R.E Inventory has sufficient model fit indices, namely the normed chi-square (3.68), Comparative Fit Index (CFI=0.943), Incremental Fit Index (IFI=0.943), Tucker-Lewis Index (TLI=0.939), Normed Fit Index (NFI=0.924), and Relative Fit index (RFI=0.918), all above 0.9, indicating good model fit. Root Mean Square Error of Approximation (RMSEA) value of 0.056 and a Standardized Root Mean Squared Residual (SRMR) value of 0.0295, all of it indicates a good fit for the model. All items had a factor loading of above 0.07. This psychological tool is hence ready for use globally as it has no culturally biased items.

Moreover, an intervention module with the name C. A. R. E. Intervention Module, an activity based intervention aimed to improve the four aforesaid constructs is also developed and validated using four randomized control trial experiments. All the four trials indicate that the C. A. R. E. intervention module is effective in increasing positive psychology constructs such as happiness, hope, well being and in reducing negative affects like depression, loneliness, pain catastrophization and stress.

Summary and Conclusions

The study on "Positive Psychology Constructs: Development and Measurement" began with the research objectives of

- to develop and validate the C. A. R. E. Inventory
- to develop and validate the C. A. R. E Intervention Module

For the purpose of fulfilling the first objective, initially items were generated, validated for content, subjected to exploratory factor analysis and finally confirmatory factor analysis. The confirmatory factor analysis was repeated three times in order to arrive at items with the best model fit indices. For the developed 36 items C.A.R.E. inventory, the model fit indices received were acceptable.

The reliability and validity coefficients were calculated as below:

Reliability statistics

- Cronbach's alpha: 0.92
- Test-retest reliability: 0.89
- Construct reliability: 0.96, 0.92, 0.96 and 0.95 for each of the constructs respectively

Validity statistics

- Content validity: 0.95 for subject experts, and 0.88 for stakeholders
- Convergent validity: 0.71, 0.60, 0.75, and 0.67 from the AVE scores
- Discriminant validity: 0.84, 0.77, 0.86 and 0.81 from the R2 scores

For development and validation of the C.A.R.E. intervention module, items were generated, followed by content validation. The final module after content validation consisted of 7 activities developed for each of the four constructs and hence consisted of 28 activity sessions each of 20 to 30 minutes duration that could be conveyed and practiced face to face or virtually. After every 4 sessions, a feedback session was held with the participants to understand their feedback and also to clarify any doubts. Following this, four randomized control trial experiments were conducted. All the four trials indicated the effectiveness of the C. A. R. E. intervention module

Conclusions

The following conclusions can be drawn

- The C.A. R.E. inventory has been standardized by establishing sufficient reliability and validity.
- The C. A. R. E. intervention module has been validated using four randomized control trials.

Limitations

The study had the following limitations

- It was conducted during the pandemic and hence the needs to be further tested after pandemic times.
- The inventory and intervention module are in the English language and needs to be translated into regional languages to meet the needs of non English speaking population.
- The inventory and intervention module need to be digitized to reach further levels
- The inventory and intervention module have to be created in different versions, say for example, children, etc.
- One of the studies, specifically randomized control trials used snow ball sampling, but since normality was established, parametric statistics were employed
- The impact of the intervention could be studied on flourishing

Strengths of the study

The present study had the following strengths

- The study has empirical robustness
- The C. A. R. E. intervention module has been granted copyright by the Indian Government

Implications of the study

The present study has the following theoretical and practical implications

- Addition of the new theoretical framework of C. A. R. E. in positive psychology, which can open doors for further research into these positive psychology constructs
- The framework of C. A. R. E. can be applied to different settings for the development of well being of human beings
- Policy recommendations on the mental health needs of citizens can be made from the C. A. R. E. framework.

The way forward

The following could be the future directions for the study

- Digital mental health applications for the C.A.R.E. inventory and the intervention module
- Popularizing the study using multiple publications

The present study indicates that the C. A. R. E. inventory measures positive psychological constructs effectively. The C. A. R. E. intervention module is effective in reducing negative affect and increasing positive attributes and bring forth flourishing and well being for the participants.

References

Beck, A.T., Epstein, N., Brown, G., & Steer, R.A. (1988). An inventory for measuring clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical Psychology*, 56, 893-897.

Compton, W. C. (2005). An Introduction to Positive Psychology (Wadsworth Publishing, ISBN 0534644538), 1–22.

Deniz, M. E. (2021). Self compassion, intolerance of uncertainty, fear of COVID-19, and well-being: A serial mediation investigation. *Personality and Individual Differences*, 177, 110824. https://doi.org/10.1016/j.paid.2021.110824

Duckworth, A. E., Steen, T. A., & Seligman, M. (2005). Positive Psychology in Clinical Practice, *Annual Review of Clinical Psychology* 1, 629–651.

Galea S. (2020). Compassion in a time of COVID-19. *Lancet* (London, England), 395(10241), 1897–1898. https://doi.org/10.1016/S0140-6736(20)31202-2

Gilbert, P., Clarke, M., Hempel, S., Miles, J. N. V., & Irons, C. (2004). Criticizing and reassuring oneself: An exploration of forms, styles and reasons in female students. *British Journal of Clinical Psychology*, 43, 31–50. doi:10.1348/014466504772812959

Goldberg, C. (2006). "*Harvard's crowded course to happiness.*" The Boston Globe. Retrieved May 9, 2023.

Fitzpatrick, K. M., Harris, C., & Drawve, G. (2020). Fear of COVID-19 and the mental health consequences in America. *Psychological trauma: theory, research, practice and policy*, 12 (S1), S17–S21. https://doi.org/10.1037/tra0000924

Hatun, O., and Kurtça, T.T. (2022). Self-compassion, Resilience, Fear of COVID-19, Psychological Distress, and Psychological Well-being among Turkish Adults. *Current Psychology* . https://doi.org/10.1007/s12144-022-02824-6

Lau , B. H, Chan, C. L. & Ng Siu-Man (2020) Self compassion Buffers the Adverse Mental Health Impacts of COVID-19-Related Threats: Results From a Cross-Sectional Survey at the First Peak of Hong Kong's Outbreak, *Frontiers in Psychiatry*, 11, 1203. https://www.frontiersin.org/article/10.3389/fpsyt.2020.585270 doi 10.3389/fpsyt.2020.585270

Li, A., Wang, S., Cai, M., Sun, R., and Liu, X. (2021) Self-compassion and life-satisfaction among Chinese self-quarantined residents during COVID-19 pandemic: A moderated mediation model of positive coping and gender, *Personality and Individual Differences*, Volume 170, 110457, https://doi.org/10.1016/j.paid.2020.110457.

Li, Q., Wu, J. & Wu, Q. (2022) Self-Compassion Buffers the Psychological Distress from Perceived Discrimination Among Socioeconomically Disadvantaged Emerging Adults: A Longitudinal Study. *Mindfulness* 13, 500–508. https://doi.org/10.1007/s12671-021-01810-6

Lyubomirsky, S., and Lepper, H. S. (1999). A measure of subjective happiness: Preliminary reliability and construct validation. *Social Indicators Research, 46,* 137–155. Kluwer Academic Publishers.

Maslow, A. H. (1954). Motivation and Personality. New York, NY: Harper & Row Publishers

Neuhaus, M., Young, T., Ferris, L. J., Grimmel, C. L. M., and Reid, N. (2022). A Narrative Review of Peer-Led Positive Psychology Interventions: Current Evidence, Potential, and Future Directions. *International journal of environmental research and public health*, 19(13), 8065. https://doi.org/10.3390/ijerph19138065

Pan, S., Ali, K., Kahathuduwa, C., Baronia, R., and Ibrahim, Y. (2022). Meta-Analysis of Positive Psychology Interventions on the Treatment of Depression. *Cureus*, 14(2), e21933. https://doi.org/10.7759/cureus.21933

Polit, D. E., Beck, C. T., & Owen, S. P. (2007). Is the CVI an Acceptable Indicator of Content Validity? Appraisal and Recommendations, *Research in Nursing & Health,* 2007, 30, 459–467

Reis, H. T., & Gable, S. L. (2003). Toward a positive psychology of relationships. In C. L. M. Keyes & J. Haidt (Eds.), *Flourishing: Positive psychology and the life well-lived* (pp. 129–159). American Psychological Association. https://doi.org/10.1037/10594-006

Seligman M. and Csikszentmihalyi, (2000) Positive Psychology: An Introduction. (Special issue.) *American Psychologist, 55,* 5–14.

Seligman, M. E. P. (2012). *Flourish: A visionary new understanding of happiness and well-being.* Simon and Schuster.

Snyder, C. R., & Lopez, S. J. (2001). *Handbook of Positive Psychology*. Oxford University Press.